
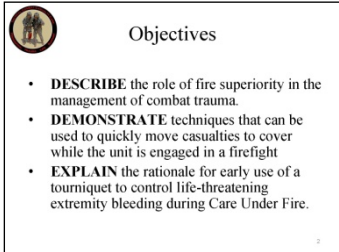
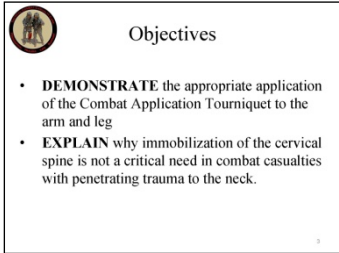
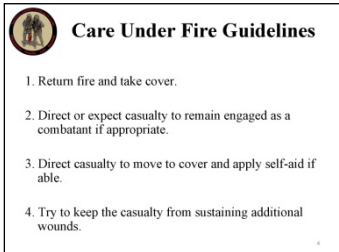
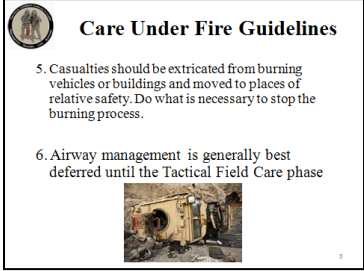
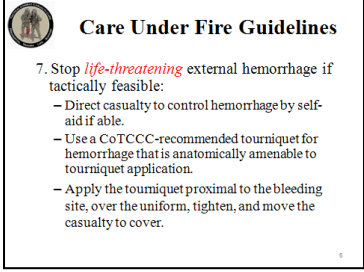
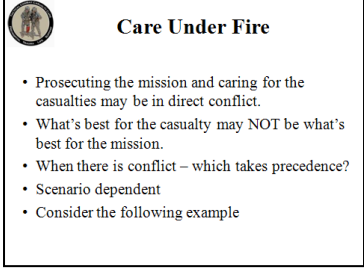
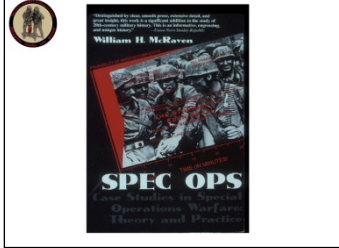




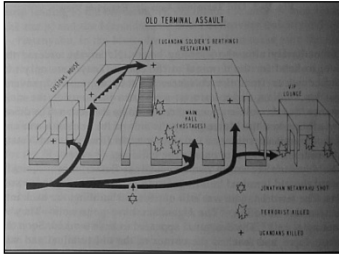

# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>1</p>  <p>Tactical Combat Casualty Care November 2010</p> <p>Care Under Fire</p>	<p>Tactical Combat Casualty Care November 2010</p> <p>Care Under Fire</p>	<p>First phase of TCCC is Care Under Fire.</p>
<p>2</p>  <p>Objectives</p> <ul style="list-style-type: none"> <li>• <b>DESCRIBE</b> the role of fire superiority in the management of combat trauma.</li> <li>• <b>DEMONSTRATE</b> techniques that can be used to quickly move casualties to cover while the unit is engaged in a firefight</li> <li>• <b>EXPLAIN</b> the rationale for early use of a tourniquet to control life-threatening extremity bleeding during Care Under Fire.</li> </ul>	<p>Objectives</p> <ul style="list-style-type: none"> <li>• <b>DESCRIBE</b> the role of fire superiority in the management of combat trauma.</li> <li>• <b>DEMONSTRATE</b> techniques that can be used to quickly move casualties to cover while the unit is engaged in a firefight</li> <li>• <b>EXPLAIN</b> the rationale for early use of a tourniquet to control life-threatening extremity bleeding during Care Under Fire.</li> </ul>	<p>Read objectives.</p>
<p>3</p>  <p>Objectives</p> <ul style="list-style-type: none"> <li>• <b>DEMONSTRATE</b> the appropriate application of the Combat Application Tourniquet to the arm and leg</li> <li>• <b>EXPLAIN</b> why immobilization of the cervical spine is not a critical need in combat casualties with penetrating trauma to the neck.</li> </ul>	<p>Objectives</p> <ul style="list-style-type: none"> <li>• <b>DEMONSTRATE</b> the appropriate application of the Combat Application Tourniquet to the arm and leg</li> <li>• <b>EXPLAIN</b> why immobilization of the cervical spine is not a critical need in combat casualties with penetrating trauma to the neck.</li> </ul>	<p>Read objectives.</p>
<p>4</p>  <p>Care Under Fire Guidelines</p> <ol style="list-style-type: none"> <li>1. Return fire and take cover.</li> <li>2. Direct or expect casualty to remain engaged as a combatant if appropriate.</li> <li>3. Direct casualty to move to cover and apply self-aid if able.</li> <li>4. Try to keep the casualty from sustaining additional wounds.</li> </ol>	<p>Care Under Fire Guidelines</p> <ol style="list-style-type: none"> <li>1. Return fire and take cover.</li> <li>2. Direct or expect casualty to remain engaged as a combatant if appropriate.</li> <li>3. Direct casualty to move to cover and apply self-aid if able.</li> <li>4. Try to keep the casualty from sustaining additional wounds.</li> </ol>	<p>Read the CUF guidelines.</p> <p>Note that the guidelines shown here will be published in the SEVENTH Edition of the PHTLS Manual.</p> <p>These guidelines are different from those in the Sixth Edition of PHTLS, which is the edition currently in publication.</p>






# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>5</p>  <p><b>Care Under Fire Guidelines</b></p> <p>5. Casualties should be extricated from burning vehicles or buildings and moved to places of relative safety. Do what is necessary to stop the burning process.</p> <p>6. Airway management is generally best deferred until the Tactical Field Care phase</p>	<p>Care Under Fire Guidelines</p> <p>5. Casualties should be extricated from burning vehicles or buildings and moved to places of relative safety. Do what is necessary to stop the burning process.</p> <p>6. Airway management is generally best deferred until the Tactical Field Care phase</p>	<p>Read the CUF Guidelines</p>
<p>6</p>  <p><b>Care Under Fire Guidelines</b></p> <p>7. Stop <i>life-threatening</i> external hemorrhage if tactically feasible:</p> <ul style="list-style-type: none"> <li>– Direct casualty to control hemorrhage by self-aid if able.</li> <li>– Use a CoTCCC-recommended tourniquet for hemorrhage that is anatomically amenable to tourniquet application.</li> <li>– Apply the tourniquet proximal to the bleeding site, over the uniform, tighten, and move the casualty to cover.</li> </ul>	<p>Care Under Fire Guidelines</p> <p>7. Stop <i>life-threatening</i> external hemorrhage if tactically feasible:</p> <ul style="list-style-type: none"> <li>• Direct casualty to control hemorrhage by self-aid if able.</li> <li>• Use a CoTCCC-recommended tourniquet for hemorrhage that is anatomically amenable to tourniquet application.</li> <li>• Apply the tourniquet proximal to the bleeding site, over the uniform, tighten, and move the casualty to cover.</li> </ul>	<p>Read the CUF Guidelines</p>
<p>7</p>  <p><b>Care Under Fire</b></p> <ul style="list-style-type: none"> <li>• Prosecuting the mission and caring for the casualties may be in direct conflict.</li> <li>• What's best for the casualty may NOT be what's best for the mission.</li> <li>• When there is conflict – which takes precedence?</li> <li>• Scenario dependent</li> <li>• Consider the following example</li> </ul>	<p>Care Under Fire</p> <ul style="list-style-type: none"> <li>• Prosecuting the mission and caring for the casualties may be in direct conflict.</li> <li>• What's best for the casualty may NOT be what's best for the mission.</li> <li>• When there is conflict – which takes precedence?</li> <li>• Scenario dependent</li> <li>• Consider the following example</li> </ul>	<p>In the hospital, the casualty IS the mission.</p> <p>In TCCC, you have the casualty AND the mission.</p>
<p>8</p> 		<p>The scenario described here was Special Ops.</p> <p>The PRINCIPLES discussed apply to all combat units.</p> <p>Go over each slide – draw the audience in.</p>



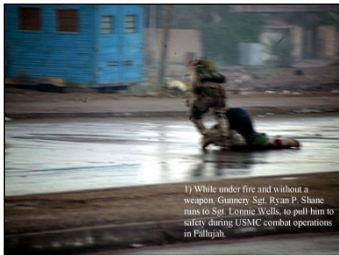

## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>9</p>  <p><b>Raid on Entebbe</b> by VADM Bill McRaven</p> <ul style="list-style-type: none"> <li>• 27 June 1976</li> <li>• Air France Flight 139 hijacked</li> <li>• Flown to Entebbe (Uganda)</li> <li>• 106 hostages held in Old Terminal at airport</li> <li>• 7 terrorists guarding hostages</li> <li>• 100 Ugandan troops perimeter security</li> <li>• Israeli commando rescue</li> </ul>	<p>Raid on Entebbe by VADM Bill McRaven</p> <ul style="list-style-type: none"> <li>• 27 June 1976</li> <li>• Air France Flight 139 hijacked</li> <li>• Flown to Entebbe (Uganda)</li> <li>• 106 hostages held in Old Terminal at airport</li> <li>• 7 terrorists guarding hostages</li> <li>• 100 Ugandan troops perimeter security</li> <li>• Israeli commando rescue</li> </ul>	<p>One of the most famous hostage situations in history.</p>
<p>10</p>  <p><b>Raid on Entebbe</b> by VADM Bill McRaven</p> <p>Rescue 4 July 1976</p> <ul style="list-style-type: none"> <li>• Exit from C-130 in a Mercedes and 2 Land Rovers to mimic mode of travel of Idi Amin – the Ugandan dictator at the time</li> <li>• Dressed as Ugandan soldiers</li> <li>• Drove up to the terminal - shot the Ugandan sentry</li> <li>• Assaulted the terminal through 3 doors</li> </ul>	<p>Raid on Entebbe by VADM Bill McRaven Rescue 4 July 1976</p> <ul style="list-style-type: none"> <li>• Exit from C-130 in a Mercedes and 2 Land Rovers to mimic mode of travel of Idi Amin – the Ugandan dictator at the time.</li> <li>• Dressed as Ugandan soldiers</li> <li>• Drove up to the terminal - shot the Ugandan sentry</li> <li>• Assaulted the terminal through 3 doors</li> </ul>	<p>The tactics used were genius. DECEPTION, SURPRISE, and VIOLENCE</p>
<p>11</p> 	<p>Raid on Entebbe by VADM Bill McRaven</p>	<p>Here's what the layout looked like.</p> <p>Black arrows show the entry paths of the Israeli commandos.</p>
<p>12</p>  <p><b>Raid on Entebbe</b> by VADM Bill McRaven</p> <ul style="list-style-type: none"> <li>• LTC Netanyahu – the ground commander – shot in chest at the beginning of the assault</li> <li>• What should the corpsman or medic do? <ul style="list-style-type: none"> <li>– Disengage from the assault?</li> <li>– Start an IV?</li> <li>– Immediate needle decompression of chest?</li> </ul> </li> </ul>	<p>Raid on Entebbe by VADM Bill McRaven</p> <ul style="list-style-type: none"> <li>• LTC Netanyahu – the ground commander – shot in chest at the beginning of the assault</li> <li>• What should the corpsman or medic do? <ul style="list-style-type: none"> <li>• Disengage from the assault?</li> <li>• Start an IV?</li> <li>• Immediate needle decompression of chest?</li> </ul> </li> </ul>	<p>Imagine YOU are the combat medic on this operation.</p> <p>What would you do now?</p> <p>Ask several people in the audience what THEY would do.</p> <p>Note that this LTC Netanyahu was the brother of the future Prime Minister of Israel.</p>


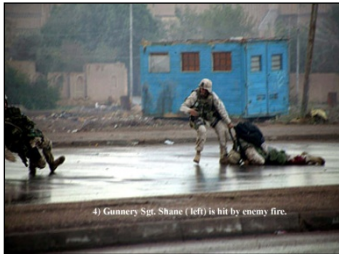

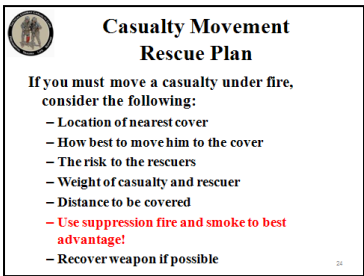
# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>13</p>  <p><b>Raid on Entebbe</b> by VADM Bill McRaven</p> <p><i>As previously ordered, the three assault elements disregarded Netanyahu and stormed the building.</i></p> <p><i><u>"At this point in the operation, there wasn't time to attend to the wounded."</u></i></p>	<p>Raid on Entebbe by VADM Bill McRaven</p> <p>As previously ordered, the three assault elements disregarded Netanyahu and stormed the building.</p> <p>"At this point in the operation, there wasn't time to attend to the wounded."</p>	<p>NO medical care at the moment.</p> <p>Have to establish control of the tactical situation first.</p>
<p>14</p>  <p><b>Do seconds really matter in combat?</b></p>	<p>Do seconds really matter in combat?</p>	<p>LTC Netanyahu died from his wounds.</p> <p>The assault phase of the operation took 90 seconds.</p> <p>Did the 90-second treatment delay affect his chances of survival? Probably not.</p> <p>Would a 90-second delay in continuing the assault phase of the operation have made a difference? Absolutely.</p>
<p>15</p>  <p><b>Ma'a lot Rescue Attempt</b> by VADM Bill McRaven</p> <ul style="list-style-type: none"> <li>• 15 May 1974</li> <li>• 3 PLO terrorists take 105 hostages</li> <li>• Schoolchildren and teachers</li> <li>• When assault commenced, terrorists began killing hostages</li> <li>• 22 children killed, 56 wounded</li> <li>• The difference between a dramatic success and a disaster may be measured in seconds.</li> </ul>	<p>Ma'a lot Rescue Attempt by VADM Bill McRaven</p> <ul style="list-style-type: none"> <li>• 15 May 1974</li> <li>• 3 PLO terrorists take 105 hostages</li> <li>• Schoolchildren and teachers</li> <li>• When assault commenced, terrorists began killing hostages</li> <li>• 22 children killed, 56 wounded</li> <li>• The difference between a dramatic success and a disaster may be measured in seconds.</li> </ul>	<p>Look what even a momentary delay can mean to a hostage rescue operation OR OTHER TACTICAL ENGAGEMENTS</p>
<p>16</p>  <p><b>Care Under Fire</b></p> <ul style="list-style-type: none"> <li>• <b>If the firefight is ongoing - don't try to treat your casualty in the Kill Zone!</b></li> <li>• Suppression of enemy fire and moving casualties to cover are the major concerns.</li> </ul> 	<p>Care Under Fire</p> <ul style="list-style-type: none"> <li>• If the firefight is ongoing - don't try to treat your casualty in the Kill Zone!</li> <li>• Suppression of enemy fire and moving casualties to cover are the major concerns</li> </ul>	<p>Not every casualty scenario is a hostage rescue, but these basic principles apply.</p>

# Instructor Guide for Care Under Fire

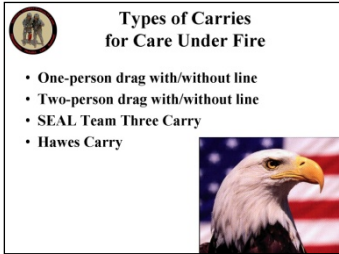
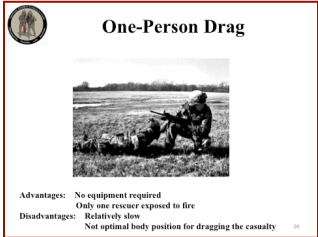
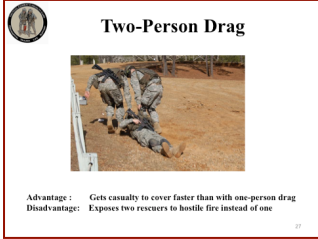

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>17</p>  <p><b>Care Under Fire</b></p> <ul style="list-style-type: none"> <li>• Suppression of hostile fire will minimize the risk of both new casualties and additional injuries to the existing casualties.</li> <li>• The firepower contributed by medical personnel and the casualties themselves may be essential to tactical fire superiority.</li> <li>• <u>The best medicine on the battlefield is fire superiority.</u></li> </ul>	<p>Care Under Fire</p> <ul style="list-style-type: none"> <li>• Suppression of hostile fire will minimize the risk of both new casualties and additional injuries to the existing casualties.</li> <li>• The firepower contributed by medical personnel and the casualties themselves may be essential to tactical fire superiority.</li> <li>• The best medicine on the battlefield is fire superiority.</li> </ul>	<p>Sustaining a minor wound in a firefight does not mean that you should disengage from the fight.</p>
<p>18</p>  <p><b>Moving Casualties in CUF</b></p> <ul style="list-style-type: none"> <li>• If a casualty is able to move to cover, he should do so to avoid exposing others to enemy fire.</li> <li>• If casualty is unable to move and unresponsive, the casualty is likely beyond help and moving him while under fire may not be worth the risk.</li> <li>• If a casualty is responsive but can't move, a rescue plan should be devised if tactically feasible.</li> <li>• Next sequence of slides shows the hazards of moving casualties before hostile fire is suppressed.</li> </ul>	<p>Moving Casualties in CUF</p> <ul style="list-style-type: none"> <li>• If a casualty is able to move to cover, he should do so to avoid exposing others to enemy fire.</li> <li>• If casualty is unable to move and unresponsive, the casualty is likely beyond help and moving him while under fire may not be worth the risk.</li> <li>• If a casualty is responsive but can't move, a rescue plan should be devised if tactically feasible.</li> <li>• Next sequence of slides shows the hazards of moving casualties before hostile fire is suppressed.</li> </ul>	<p>Unit members should be TRAINED to move themselves to point of first cover if able.</p> <p>Don't put two people at risk if avoidable.</p>
<p>19</p>  <p>1) While under fire and without a weapon, Gunnery Sgt. Ryan P. Shane runs to Sgt. Lonnie Wells, to pull him to safety during USMC combat operations in Fallujah.</p>	<p>While under fire and without a weapon, Gunnery Sgt. Ryan P. Shane runs to Sgt. Lonnie Wells, to pull him to safety during USMC combat operations in Fallujah.</p>	<p>Here is a dramatic example of casualty movement during Care Under Fire</p> <p>Read text</p>
<p>20</p>  <p>2) Gunnery Sgt. Shane attempts to pull a fatally wounded Sgt. Wells to cover.</p>	<p>Gunnery Sgt. Shane attempts to pull a fatally wounded Sgt. Wells to cover.</p>	<p>Read text</p>

## Instructor Guide for Care Under Fire




SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>21</p>  <p>3) Another Marine comes to help.</p>	Another Marine comes to help.	Read text
<p>22</p>  <p>4) Gunnery Sgt. Shane (left) is hit by enemy fire.</p>	Gunnery Sgt. Shane (left) is hit by enemy fire.	Read text
<p>23</p>  <p>5) The unidentified Marine heads for cover after Gunnery Sgt. Shane, on ground at left, was hit by insurgent sniper fire.</p>	The unidentified Marine heads for cover after Gunnery Sgt. Shane, on ground at left, was hit by insurgent sniper fire.	Read text
<p>24</p>  <p><b>Casualty Movement Rescue Plan</b></p> <p>If you must move a casualty under fire, consider the following:</p> <ul style="list-style-type: none"> <li>– Location of nearest cover</li> <li>– How best to move him to the cover</li> <li>– The risk to the rescuers</li> <li>– Weight of casualty and rescuer</li> <li>– Distance to be covered</li> <li>– Use suppression fire and smoke to best advantage!</li> <li>– Recover weapon if possible</li> </ul>	<p>Casualty Movement Rescue Plan</p> <p>If you must move a casualty under fire, consider the following:</p> <ul style="list-style-type: none"> <li>• Location of nearest cover</li> <li>• How best to move him to the cover</li> <li>• The risk to the rescuers</li> <li>• Weight of casualty and rescuer</li> <li>• Distance to be covered</li> <li>• Use suppression fire and smoke to best advantage!</li> <li>• Recover weapon if possible</li> </ul>	<p>DON'T FORGET COVERING FIRE!</p> <p>If possible, let the casualty know what you plan.</p>



## Instructor Guide for Care Under Fire



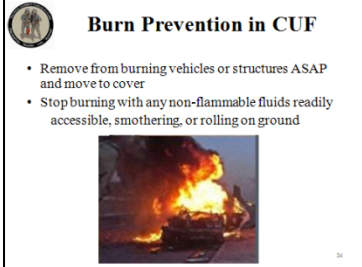
SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>25</p>  <p><b>Types of Carries for Care Under Fire</b></p> <ul style="list-style-type: none"> <li>• One-person drag with/without line</li> <li>• Two-person drag with/without line</li> <li>• SEAL Team Three Carry</li> <li>• Hawes Carry</li> </ul>	<p>Types of Carries for Care Under Fire</p> <ul style="list-style-type: none"> <li>• One-person drag with/without line</li> <li>• Two-person drag with/without line</li> <li>• SEAL Team Three Carry</li> <li>• Hawes Carry</li> </ul>	<p>Read text.</p>
<p>26</p>  <p><b>One-Person Drag</b></p> <p>Advantages: No equipment required Only one rescuer exposed to fire</p> <p>Disadvantages: Relatively slow Not optimal body position for dragging the casualty</p>	<p>One-Person Drag</p> <p>Advantages</p> <ul style="list-style-type: none"> <li>• No equipment required</li> <li>• Only one rescuer exposed to fire</li> </ul> <p>Disadvantages</p> <ul style="list-style-type: none"> <li>• Relatively slow</li> <li>• Not optimal body position for dragging the casualty</li> </ul>	<p>Read text</p> <p>Have other Instructors or students demonstrate</p>
<p>27</p>  <p><b>Two-Person Drag</b></p> <p>Advantage: Gets casualty to cover faster than with one-person drag</p> <p>Disadvantage: Exposes two rescuers to hostile fire instead of one</p>	<p>Two-Person Drag</p> <p>Advantage</p> <ul style="list-style-type: none"> <li>• Gets casualty to cover faster than with one-person drag</li> </ul> <p>Disadvantage</p> <ul style="list-style-type: none"> <li>• Exposes two rescuers to hostile fire instead of one</li> </ul>	<p>Read text</p> <p>Have other Instructors or students demonstrate</p>
<p>28</p>  <p><b>Video: Two-Person Drag</b></p> <p>Click in box to start – no sound</p>	<p>Video: Two-Person Drag</p>	<p>Play video</p>

## Instructor Guide for Care Under Fire

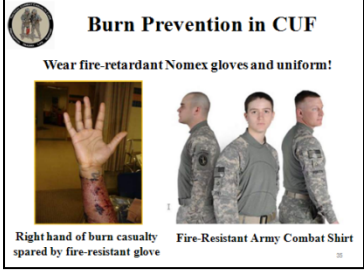
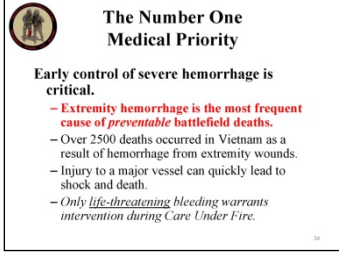
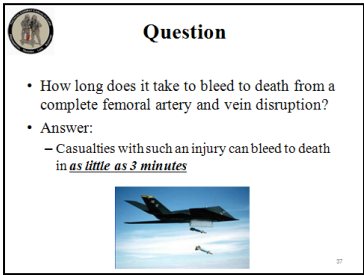

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>29</p> <p><b>Two-Person Drag Using Lines</b></p> 	Two-Person Drag Using Lines	<p>Have other Instructors or students demonstrate</p> <p>Advantage</p> <ul style="list-style-type: none"> <li>• can shoot while dragging</li> <li>• faster than dragging without lines</li> <li>• faster movement of the casualty to cover</li> </ul> <p>Disadvantage</p> <ul style="list-style-type: none"> <li>• exposes two rescuers to hostile fire instead of one</li> </ul>
<p>30</p> <p><b>SEAL Team Three Carry</b></p>  <p>Advantages: - May be useful in situations where drags do not work well - Less painful for casualty than dragging</p> <p>Disadvantages: - Exposes two rescuers to hostile fire - May be slower than dragging - May be difficult in kit and with unconscious casualty. 30</p>	SEAL Team Three Carry	<p>Have other Instructors or students demonstrate</p> <p>Advantage</p> <ul style="list-style-type: none"> <li>• May be useful in situations where drags do not work well</li> <li>• Less painful for casualty than dragging</li> </ul> <p>Disadvantages</p> <ul style="list-style-type: none"> <li>• Exposes two rescuers to hostile fire</li> <li>• May be slower than dragging</li> <li>• May be difficult in kit and with unconscious casualty.</li> </ul>
<p>31</p> <p><b>SEAL Team Three Carry (2)</b></p>  <p>• Arms around shoulders of both rescuers • Casualty uses arms to hold onto rescuers if able • Rescuers hold casualty's arms around necks if casualty not able to • Both rescuers grab casualty's web belt • Lift and go 31</p>	SEAL Team Three Carry (2)	<p>Arms around shoulders of both rescuers</p> <p>Casualty uses arms to hold onto rescuers if able.</p> <p>Rescuers hold casualty's arms around necks if casualty not able to.</p> <p>Both rescuers grab casualty's web belt</p> <p>Lift and go</p>



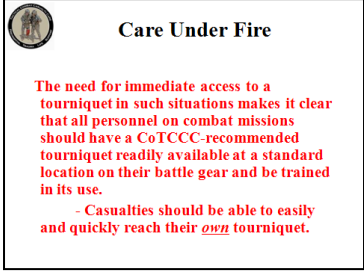
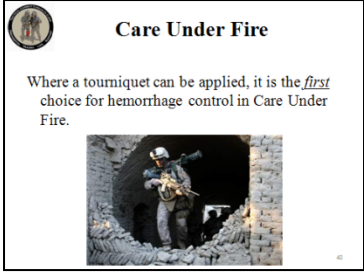

## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>32</p> <p><b>Hawes Carry</b></p> 	<p><b>Hawes Carry</b></p> <p>Technique: Rescuer squats; arms around neck; lift with legs</p> <p>Advantages:</p> <ul style="list-style-type: none"> <li>-One rescuer</li> <li>-May be useful in situations where a drag is not a good option</li> <li>-Works much better than outdated fireman's carry</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>-Hard to accomplish with rescuer and/or casualty's kit in place</li> <li>-Difficult when rescuer is small and casualty is large</li> <li>-Often slower than dragging</li> <li>-High profile for both rescuer and casualty</li> </ul>	<p>Read text</p> <p>Have other Instructors or students demonstrate</p>
<p>33</p> <p><b>Carries Practical</b></p>  <p><b>How Not to Do It</b></p>	<p><b>Carries Practical</b></p>	<p>This is a good example of how NOT to carry your casualty</p> <p>For practical exercise:</p> <p>Break up into groups of 6 or less students per instructor</p> <p>Use skill sheets in the TCCC curriculum that apply to each practical exercise</p>
<p>34</p> <p><b>Burn Prevention in CUF</b></p> <ul style="list-style-type: none"> <li>• Remove from burning vehicles or structures ASAP and move to cover</li> <li>• Stop burning with any non-flammable fluids readily accessible, smothering, or rolling on ground</li> </ul> 	<p><b>Burn Prevention in CUF</b></p> <ul style="list-style-type: none"> <li>• Remove from burning vehicles or structures ASAP and move to cover</li> <li>• Stop burning with any non-flammable fluids readily accessible, smothering, or rolling on ground</li> </ul>	<p>If can't put out burning clothes due to petroleum products, may have to cut garments off</p>



# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>35</p>  <p>Right hand of burn casualty spared by fire-resistant glove</p> <p>Fire-Resistant Army Combat Shirt</p>	<p>Burn Prevention in CUF</p> <ul style="list-style-type: none"> <li>Wear fire-retardant Nomex gloves and uniform</li> </ul> <p>Right hand of burn casualty spared by fire-resistant glove</p> <p>Fire-Resistant Army Combat Shirt</p>	<p>Flame-resistant clothing can protect you from burn injuries.</p> <p>Your unit needs these clothing items if you don't have them already.</p>
<p>36</p>  <p><b>The Number One Medical Priority</b></p> <p>Early control of severe hemorrhage is critical.</p> <ul style="list-style-type: none"> <li>Extremity hemorrhage is the most frequent cause of preventable battlefield deaths.</li> <li>Over 2500 deaths occurred in Vietnam as a result of hemorrhage from extremity wounds.</li> <li>Injury to a major vessel can quickly lead to shock and death.</li> <li>Only life-threatening bleeding warrants intervention during Care Under Fire.</li> </ul>	<p>The Number One Medical Priority</p> <p>Early control of severe hemorrhage is critical.</p> <ul style="list-style-type: none"> <li>Extremity hemorrhage is the most frequent cause of preventable battlefield deaths.</li> <li>Over 2500 deaths occurred in Vietnam as a result of hemorrhage from extremity wounds.</li> <li>Injury to a major vessel can quickly lead to shock and death.</li> <li>Only life-threatening bleeding warrants intervention during Care Under Fire.</li> </ul>	<p>If you can only do ONE thing for the casualty – stop him from bleeding to death.</p> <p>Do not treat minor bleeding during Care Under Fire.</p>
<p>37</p>  <p><b>Question</b></p> <ul style="list-style-type: none"> <li>How long does it take to bleed to death from a complete femoral artery and vein disruption?</li> <li>Answer: <ul style="list-style-type: none"> <li>Casualties with such an injury can bleed to death in <u>as little as 3 minutes</u></li> </ul> </li> </ul>	<p>Question</p> <ul style="list-style-type: none"> <li>How long does it take to bleed to death from a complete femoral artery and vein disruption?</li> <li>Answer: <ul style="list-style-type: none"> <li>Casualties with such an injury can bleed to death in as little as 3 minutes</li> </ul> </li> </ul>	<p>10% of animals in lab studies died within 3 minutes without hemorrhage control measures.</p>
<p>38</p>  <p><b>Femoral Artery Bleeding</b></p>	<p>Femoral Artery Bleeding</p>	<p>Click on picture to play video</p> <p>This is FEMORAL ARTERY bleeding in a pig.</p> <p>It does not take long to die from this.</p> <p>This video was shown earlier – it is shown here again to emphasize need for IMMEDIATE action with this kind of bleeding</p>

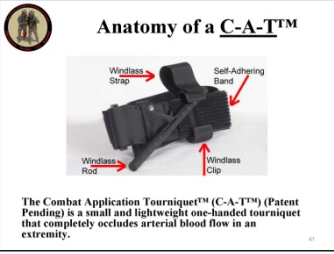



## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>39</p> 	<p>Care Under Fire</p> <p>The need for immediate access to a tourniquet in such situations makes it clear that all personnel on combat missions should have a Combat Application Tourniquet readily available at a standard location on their battle gear and be trained in its use.</p> <ul style="list-style-type: none"> <li>Casualties should be able to easily and quickly reach their own tourniquet.</li> </ul>	<p>DO NOT bury your tourniquet at the bottom of your pack.</p>
<p>40</p> 	<p>Care Under Fire</p> <p>Where a tourniquet can be applied, it is the first choice for hemorrhage control in Care Under Fire.</p>	<p>Forget about direct pressure, pressure dressings or anything else if you have severe extremity bleeding in the Care Under Fire phase.</p> <p>Go directly to a tourniquet.</p>
<p>41</p> 	<p>A Survivable Wound</p> <p>Did not have an effective tourniquet applied - bled to death from a leg wound</p>	<p>The medic in this Army unit was killed in the battle in which this soldier was wounded.</p> <p>Others in the unit attempted to control the bleeding from this soldier's wound just below his left knee.</p> <p>These improvised tourniquets were ineffective, and the Soldier bled to death.</p> <p><b>DON'T LET THIS HAPPEN TO YOUR BUDDIES!</b></p>

## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>42</p>  <p><b>Tourniquet Application</b></p> <ul style="list-style-type: none"> <li>• Apply without delay if indicated</li> <li>• Both the casualty and the medic are in grave danger while a tourniquet is being applied in this phase – don't use tourniquets for wounds without significant bleeding</li> <li>• The decision regarding the relative risk of further injury versus that of bleeding to death must be made by the person rendering care.</li> </ul>	<p>Tourniquet Application</p> <ul style="list-style-type: none"> <li>• Apply without delay if indicated</li> <li>• Both the casualty and the medic are in grave danger while a tourniquet is being applied in this phase-don't use tourniquets for wounds without significant bleeding</li> <li>• The decision regarding the relative risk of further injury versus that of bleeding to death must be made by the person rendering care.</li> </ul>	<p>Read text</p>
<p>43</p>  <p><b>Tourniquet Application</b></p> <ul style="list-style-type: none"> <li>• Non-life-threatening bleeding should be <b>ignored</b> until the Tactical Field Care phase.</li> <li>• Apply the tourniquet without removing the uniform – make sure it is clearly proximal to the bleeding site.</li> <li>• Tighten until bleeding is controlled.</li> <li>• May need a second tourniquet applied just above the first to control bleeding.</li> <li>• Don't put a tourniquet directly over the knee or elbow.</li> <li>• Don't put a tourniquet directly over a holster or a cargo pocket that contains bulky items.</li> </ul>	<p>Tourniquet Application</p> <ul style="list-style-type: none"> <li>• Non-life-threatening bleeding should be ignored until the Tactical Field Care phase.</li> <li>• Apply the tourniquet without removing the uniform – make sure it is clearly proximal to the bleeding site.</li> <li>• Tighten until bleeding is controlled.</li> <li>• May need a second tourniquet applied just above the first to control bleeding.</li> <li>• Don't put a tourniquet directly over the knee or elbow.</li> <li>• Don't put a tourniquet directly over a holster or a cargo pocket that contains bulky items.</li> </ul>	<p>Here are some key points about applying a tourniquet.</p>

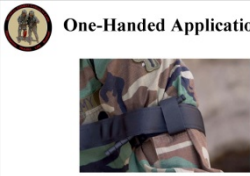



## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>44</p>  <p><b>Anatomy of a C-A-T™</b></p> <p>The Combat Application Tourniquet™ (C-A-T™) (Patent Pending) is a small and lightweight one-handed tourniquet that completely occludes arterial blood flow in an extremity.</p>	<p>Anatomy of a C-A-T™</p> <p>The Combat Application Tourniquet™ (C-A-T™) (Patent Pending) is a small and lightweight one-handed tourniquet that completely occludes arterial blood flow in an extremity.</p>	<p>The C-A-T™ uses a Self-Adhering Band and a Friction Adaptor Buckle to fit a wide range of extremities, combined with a one-handed windlass system.</p> <p>The windlass uses a freely moving internal band to provide true circumferential pressure to an extremity.</p> <p>The Windlass Rod is then locked in place (this requires only one hand) with the Windlass Clip™.</p> <p>The C-A-T™ also has a Hook-and-Loop Windlass Strap™ to further secure the windlass during patient transport.</p>
<p>45</p>  <p><b>Combat Application Tourniquet ®</b> (Pat. Pending)</p> <p>The C-A-T™ is Delivered in Its One-Handed Configuration</p> <ul style="list-style-type: none"> <li>Free-running end of the Self-Adhering Band passed through the buckle forming a loop for the arm to pass through. This is the recommended carrying configuration.</li> </ul>	<p>Combat Application Tourniquet ®</p> <p>The C-A-T™ is Delivered in Its One-Handed Configuration</p> <ul style="list-style-type: none"> <li>Free-running end of the Self-Adhering Band passed through the buckle forming a loop for the arm to pass through. This is the recommended carrying configuration</li> </ul>	<p>Read text</p>
<p>46</p>  <p><b>One-Handed Application to Arm</b></p> <p>Step 1: Insert the wounded extremity through the loop of the Self-Adhering Band.</p>	<p>One-Handed Application to Arm</p> <p>Step 1: Insert the wounded extremity through the loop of the Self-Adhering Band.</p>	<p>Have another instructor demonstrate putting on the tourniquet while going over the slides.</p>
<p>47</p>  <p><b>One-Handed Application to Arm</b></p> <p>Step 2: Pull the Self-Adhering Band tight and securely fasten it back on itself.</p>	<p>One-Handed Application to Arm</p> <p>Step 2: Pull the Self-Adhering Band tight and securely fasten it back on itself.</p>	<p>Be sure to take up all the slack and pull it as tight as possible.</p>

# Instructor Guide for Care Under Fire




SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>48</p> <p> <b>One-Handed Application to Arm</b></p>  <p>Step 3: Adhere the Band <b>tightly</b> around the arm. Do not adhere the band past the clip.</p>	<p>One-Handed Application to Arm</p> <p>Step 3: Adhere the Band tightly around the arm. Do not adhere the band past the clip.</p>	<p>Point of emphasis: the velcro band must be pulled as tight as possible before starting to crank the windlass.</p>
<p>49</p> <p> <b>One-Handed Application to Arm</b></p>  <p>Step 4: Twist the Windlass Rod until bleeding has stopped.</p>	<p>One-Handed Application to Arm</p> <p>Step 4: Twist the Windlass Rod until bleeding has stopped.</p>	<p>Read text.</p>
<p>50</p> <p> <b>One-Handed Application to Arm</b></p>  <p>Step 5: Lock the Windlass Rod in place with the Windlass Clip™.</p>	<p>One-Handed Application to Arm</p> <p>Step 5: Lock the Windlass Rod in place with the Windlass Clip™.</p>	<p>The Windlass Clip keeps the rod from spinning and allowing the tourniquet to loosen.</p>
<p>51</p> <p> <b>One-Handed Application to Arm</b></p>  <p>Hemorrhage is now controlled.</p>	<p>One-Handed Application to Arm</p> <p>Hemorrhage is now controlled.</p>	<p>Just this simple sequence of steps could have saved 2500 lives in Vietnam.</p>
<p>52</p> <p> <b>One-Handed Application to Arm</b></p>  <p>Step 6: Adhere the Self-Adhering Band over the Windlass Rod – for small extremities, continue adhering the band around the extremity.</p>	<p>One-Handed Application to Arm</p> <p>Step 6: Adhere the Self-Adhering Band over the Windlass Rod – for small extremities, continue adhering the band around the extremity.</p>	

## Instructor Guide for Care Under Fire





SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>53</p> <p><b>One-Handed Application to Arm</b></p>  <p>Step 7: Secure the Windlass Rod and Self-Adhering Band with the Windlass Strap – grasp the Windlass Strap and pull it tight, adhering it to the opposite hook on the Windlass Clip</p>	<p>One-Handed Application to Arm</p> <p>Step 7: Secure the Windlass Rod and Self-Adhering Band with the Windlass Strap – grasp the Windlass Strap and pull it tight, adhering it to the opposite hook on the Windlass Clip</p>	<p>The tourniquet has now been successfully applied.</p>
<p>54</p> <p><b>Combat Application Tourniquet® Arm Application</b></p> 	<p>Combat Application Tourniquet® Arm Application</p>	<p>Play video</p> <p>This video shows self-application to an arm.</p>
<p>55</p> <p><b>Combat Application Tourniquet® Leg Application</b></p> 	<p>Combat Application Tourniquet® Leg Application</p>	<p>Play video</p> <p>This video shows self-application to a leg.</p>
<p>56</p> <p><b>Other Tourniquets</b></p> <ul style="list-style-type: none"> <li>• SOF Tactical Tourniquet</li> <li>• Emergency Military Tourniquet</li> </ul> 	<p>Other Tourniquets</p> <ul style="list-style-type: none"> <li>• SOF Tactical Tourniquet</li> <li>• Emergency Military Tourniquet</li> </ul>	<p>These tourniquets were also found to be effective and recommended in a study by the U.S. Army Institute of Surgical Research.</p> <p>The SOF Tactical Tourniquet may work better for individuals with very large thighs.</p> <p>The EMT tourniquet is more often found in Emergency Departments.</p>




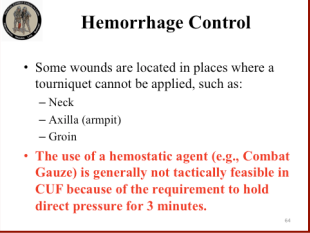
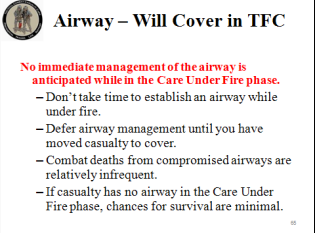
## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>57</p> <p><b>Tourniquets – Kragh et al Annals of Surgery 2009</b></p>  <ul style="list-style-type: none"> <li>• Ibn Sina Hospital, Baghdad, 2006</li> <li>• Tourniquets are <b>saving lives</b> on the battlefield</li> <li>• <b>Better survival when tourniquets were applied BEFORE casualties went into shock</b></li> <li>• Estimated <b>31 lives</b> saved in this study by applying tourniquets <b>prehospital</b> rather than in the ED</li> </ul>	<p>Tourniquets – Kragh et al Annals of Surgery 2009</p> <ul style="list-style-type: none"> <li>• Ibn Sina Hospital, Baghdad, 2006</li> <li>• Tourniquets are saving lives on the battlefield</li> <li>• Better survival when tourniquets were applied BEFORE casualties went into shock</li> <li>• Estimated 31 lives saved in this study by applying tourniquets prehospital rather than in the ED</li> </ul>	<p>Follow-up to previous tourniquet study</p> <p>Most important – apply tourniquets ASAP when needed</p> <p>Survival improved if shock prevented</p>
<p>58</p> <p><b>Tourniquets – Kragh et al Journal of Trauma 2008</b></p>  <ul style="list-style-type: none"> <li>• Combat Support Hospital in Baghdad</li> <li>• 232 patients with tourniquets on 309 limbs</li> <li>• CAT was best field tourniquet</li> <li>• <b>No amputations caused by tourniquet use</b></li> <li>• Approximately 3% transient nerve palsies</li> </ul>	<p>Tourniquets – Kragh et al Journal of Trauma 2008</p> <ul style="list-style-type: none"> <li>• Combat Support Hospital in Baghdad</li> <li>• 232 patients with tourniquets on 309 limbs</li> <li>• CAT was the best field tourniquet</li> <li>• No amputations caused by tourniquet use</li> <li>• Approximately 3% transient nerve palsies</li> </ul>	<p>Remember at the start of the GWOT, we were still losing casualties to extremity hemorrhage.</p> <p>We're doing much better now</p> <p>This study documented 232 LIVES SAVED in this ONE hospital in a ONE-YEAR period.</p> <p>MINIMAL complications from tourniquet use.</p>
<p>59</p> <p><b>Examples of Extremity Wounds That Do NOT Need a Tourniquet</b></p>  <p>Use a tourniquet ONLY for severe bleeding</p>	<p>Examples of Extremity Wounds That Do NOT Need a Tourniquet</p> <p>Use a tourniquet ONLY for severe bleeding</p>	<p>Neither wound is life threatening - bleeding is minimal.</p> <p>A tourniquet should <u>not be used</u> on these two wounds or other wounds like them where the bleeding is not severe.</p>

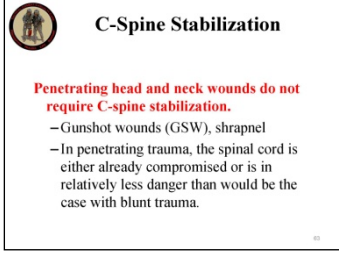

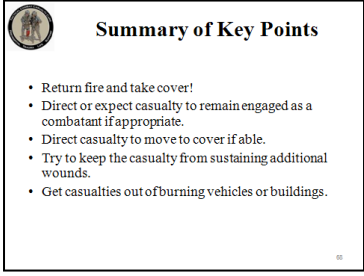
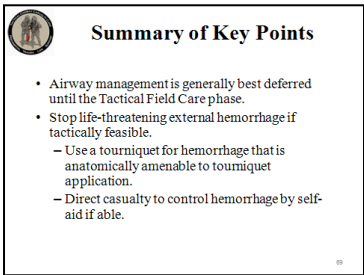
## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>60</p>  <p><b>Tourniquet Mistakes to Avoid!</b></p> <ul style="list-style-type: none"> <li>• Not using one when you should</li> <li>• Using a tourniquet for minimal bleeding</li> <li>• Putting it on too proximal</li> <li>• Not taking it off when indicated during TFC</li> <li>• Taking it off when the casualty is in shock or has only a short transport time to the hospital</li> <li>• Not making it tight enough – should eliminate the distal pulse</li> <li>• Not using a second tourniquet if needed</li> <li>• <b>Waiting too long to put the tourniquet on</b></li> <li>• Periodically loosening the tourniquet to allow blood flow to the injured extremity</li> </ul> <p><i>* These lessons learned have been written in blood. *</i></p>	<p>Tourniquet Mistakes to Avoid!</p> <ul style="list-style-type: none"> <li>• Not using one when you should</li> <li>• Using a tourniquet for minimal bleeding</li> <li>• Putting it on too proximal</li> <li>• Not taking it off when indicated during TFC</li> <li>• Taking it off when the casualty is in shock or has only a short transport time to the hospital</li> <li>• Not making it tight enough – should eliminate the distal pulse</li> <li>• Not using a second tourniquet if needed</li> <li>• Waiting too long to put the tourniquet on</li> <li>• Periodically loosening the tourniquet to allow blood flow to the injured extremity</li> </ul> <p><i>* These lessons learned have been written in blood. *</i></p>	<p>These are common mistakes made by first responders applying tourniquets.</p>
<p>61</p>  <p><b>Tourniquet Pain</b></p> <ul style="list-style-type: none"> <li>• <b>Tourniquets HURT when applied effectively</b></li> <li>• Does not necessarily indicate a mistake in application</li> <li>• Does not mean you should take it off!</li> <li>• Manage pain per TCCC Guidelines</li> </ul> 	<p>Tourniquet Pain</p> <ul style="list-style-type: none"> <li>• Tourniquets HURT when applied effectively</li> <li>• Does not necessarily indicate a mistake in application</li> <li>• Does not mean you should take it off!</li> <li>• Manage pain per TCCC Guidelines</li> </ul>	<p>It is expected that tourniquet application will cause some pain, but it will also save your casualty's life.</p>
<p>62</p> 	<p>Questions?</p>	






## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>63</p>  <p><b>Tourniquet Practical</b></p>	<p>Tourniquet Practical</p>	<p>For practical exercise:</p> <p>Break up into groups of 6 or less students per instructor</p> <p>Use skill sheets in the TCCC curriculum that apply to each practical exercise</p>
<p>64</p>  <p><b>Hemorrhage Control</b></p> <ul style="list-style-type: none"> <li>Some wounds are located in places where a tourniquet cannot be applied, such as: <ul style="list-style-type: none"> <li>Neck</li> <li>Axilla (armpit)</li> <li>Groin</li> </ul> </li> <li>The use of a hemostatic agent (e.g., Combat Gauze) is generally not tactically feasible in CUF because of the requirement to hold direct pressure for 3 minutes.</li> </ul>	<p>Hemorrhage Control</p> <ul style="list-style-type: none"> <li>Some wounds are located in places where a tourniquet cannot be applied, such as: <ul style="list-style-type: none"> <li>Neck, axilla (armpit), groin</li> </ul> </li> <li>The use of a hemostatic agent (e.g., Combat Gauze) is generally not tactically feasible in CUF because of the requirement to hold direct pressure for 3 minutes.</li> </ul>	<p>BUT the casualty may get to cover and hold direct pressure over his wounds as part of self-aid.</p>
<p>65</p>  <p><b>Airway – Will Cover in TFC</b></p> <p>No immediate management of the airway is anticipated while in the Care Under Fire phase.</p> <ul style="list-style-type: none"> <li>Don't take time to establish an airway while under fire.</li> <li>Defer airway management until you have moved casualty to cover.</li> <li>Combat deaths from compromised airways are relatively infrequent.</li> <li>If casualty has no airway in the Care Under Fire phase, chances for survival are minimal.</li> </ul>	<p>Airway – Will Cover in TFC</p> <p>No immediate management of the airway is anticipated while in the Care Under Fire phase.</p> <ul style="list-style-type: none"> <li>Don't take time to establish an airway while under fire.</li> <li>Defer airway management until you have moved casualty to cover.</li> <li>Combat deaths from compromised airways are relatively infrequent.</li> <li>If casualty has no airway in the Care Under Fire phase, chances for survival are minimal.</li> </ul>	<p>We will address airway in the Tactical Field Care phase.</p>





# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>66</p> 	<p>C-Spine Stabilization</p> <p>Penetrating head and neck wounds do not require C-spine stabilization.</p> <ul style="list-style-type: none"> <li>• Gunshot wounds (GSW), shrapnel</li> <li>• In penetrating trauma, the spinal cord is either already compromised or is in relatively less danger than would be the case with blunt trauma.</li> </ul>	<p>In studies from the Vietnam conflict, of those casualties with penetrating neck trauma, only 1.4% would have benefited from C-spine stabilization.</p> <p>C-spine stabilization takes 5-6 minutes even for experienced medical providers.</p> <p>This is too much time to spend in the Care Under Fire Phase on an intervention that is not proven to be necessary</p>
<p>67</p> 	<p>C-Spine Stabilization</p> <p>Blunt trauma is different!</p> <ul style="list-style-type: none"> <li>• Neck or spine injuries due to falls, fast-roping injuries, or motor vehicle accidents may require C-spine stabilization.</li> <li>• Apply only if the danger of hostile fire does not constitute a greater threat.</li> </ul>	<p>Do not provide C-spine stabilization if the danger of hostile fire constitutes a greater threat in the judgment of the medic.</p>
<p>68</p> 	<p>Summary of Key Points</p> <ul style="list-style-type: none"> <li>• Return fire and take cover!</li> <li>• Direct or expect casualty to remain engaged as a combatant if appropriate.</li> <li>• Direct casualty to move to cover if able.</li> <li>• Try to keep the casualty from sustaining additional wounds.</li> <li>• Get casualties out of burning vehicles or buildings.</li> </ul>	<p>Ask questions to cover key points</p>
<p>69</p> 	<p>Summary of Key Points</p> <ul style="list-style-type: none"> <li>• Airway management is generally best deferred until the Tactical Field Care phase.</li> <li>• Stop life-threatening external hemorrhage if tactically feasible.</li> <li>• Use a tourniquet for hemorrhage that is anatomically amenable to tourniquet application.</li> <li>• Direct casualty to control hemorrhage by self-aid if able.</li> </ul>	<p>Ask questions to emphasize</p>


# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
70 	Questions?	
71  <b>Scenario Based Planning</b> <ul style="list-style-type: none"> <li>• If the basic TCCC combat trauma management plan for Care Under Fire doesn't work for your specific tactical situation – <i>then it doesn't work.</i></li> <li>• Scenario-based planning is critical for success.</li> <li>• Incorporate likely casualty scenarios into unit mission planning!</li> <li>• The following is one example.</li> </ul>	<b>Scenario Based Planning</b> <ul style="list-style-type: none"> <li>• If the basic TCCC combat trauma management plan for Care Under Fire doesn't work for your specific tactical situation – then it doesn't work.</li> <li>• Scenario-based planning is critical for success.</li> <li>• Incorporate likely casualty scenarios into unit mission planning!</li> <li>• The following is one example.</li> </ul>	<p>The TCCC guidelines are not a rigid protocol.</p> <p>Nothing in combat is.</p> <p>Think on your feet!</p>
72  <b>Convoy IED Scenario</b> 	Convoy IED Scenario	<p>Explain to students that this scenario starts here in CUF and is continued throughout the course at the end of TFC and TE.</p> <p>Let's take a scenario that's very common in Iraq and Afghanistan.</p> <p>Does everyone know what IED stands for? Improvised Explosive Device</p> <p>Very common cause of injury in Iraq.</p>
73  <b>Convoy IED Scenario</b> <ul style="list-style-type: none"> <li>• Your element is in a five vehicle convoy moving through a small Iraqi village.</li> <li>• Command-detonated IED explodes under second vehicle.</li> <li>• Moderate sniper fire</li> <li>• Rest of the convoy is suppressing sniper fire</li> </ul>	<b>Convoy IED Scenario</b> <ul style="list-style-type: none"> <li>• Your element is in a five-vehicle convoy moving through a small Iraqi village.</li> <li>• Command-detonated IED explodes under second vehicle.</li> <li>• Moderate sniper fire</li> <li>• Rest of the convoy is suppressing sniper fire</li> </ul>	Read text in action sequence

# Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
<p>74</p>  <p><b>Convoy IED Scenario</b></p> <ul style="list-style-type: none"> <li>You are a medic in the disabled vehicle</li> <li>Person next to you has bilateral mid-thigh amputations</li> <li>Heavy arterial bleeding from the left stump</li> <li>Right stump only has mild oozing of blood</li> </ul>	<p>Convoy IED Scenario</p> <ul style="list-style-type: none"> <li>You are a medic in the disabled vehicle</li> <li>Person next to you has bilateral mid-thigh amputations</li> <li>Heavy arterial bleeding from the left stump</li> <li>Right stump has only mild oozing of blood</li> </ul>	<p>Read text in action sequence</p>
<p>75</p>  <p><b>Convoy IED Scenario</b></p> <ul style="list-style-type: none"> <li>Casualty is conscious and in moderate pain</li> <li>Vehicle is not on fire and is right side up</li> <li>You are uninjured and able to assist</li> </ul>	<p>Convoy IED Scenario</p> <ul style="list-style-type: none"> <li>Casualty is conscious and in moderate pain</li> <li>Vehicle is not on fire and is right side up</li> <li>You are uninjured and able to assist</li> </ul>	<p>Read text in action sequence</p>
<p>76</p>  <p><b>Convoy IED Scenario</b></p> <p>First decision:</p> <ul style="list-style-type: none"> <li>Return fire or treat casualty? <ul style="list-style-type: none"> <li>Treat immediate threat to life</li> <li>Why? <ul style="list-style-type: none"> <li>Rest of convoy providing suppressive fire</li> <li>Treatment is effective and QUICK</li> </ul> </li> </ul> </li> <li>First action? <ul style="list-style-type: none"> <li>Tourniquet on stump with arterial bleed</li> </ul> </li> </ul>	<p>Convoy IED Scenario</p> <p>First decision:</p> <ul style="list-style-type: none"> <li>Return fire or treat casualty? <ul style="list-style-type: none"> <li>Treat immediate threat to life</li> <li>Why? <ul style="list-style-type: none"> <li>Rest of convoy providing suppressive fire</li> <li>Treatment is effective and QUICK</li> </ul> </li> </ul> </li> <li>First action? <ul style="list-style-type: none"> <li>Tourniquet on stump with arterial bleed</li> </ul> </li> </ul>	<p>Read text in action sequence</p> <p>Ask individuals in audience to answer questions</p>
<p>77</p>  <p><b>Convoy IED Scenario</b></p> <p>Next action?</p> <ul style="list-style-type: none"> <li>Tourniquet on second stump? <ul style="list-style-type: none"> <li>Not until Tactical Field Care Phase</li> <li>Not bleeding right now</li> </ul> </li> </ul> <p>Next actions?</p> <ul style="list-style-type: none"> <li>Drag casualty out of vehicle and move to best cover</li> <li>Return fire if needed</li> <li>Communicate info to team leader</li> </ul>	<p>Convoy IED Scenario</p> <p>Next action?</p> <ul style="list-style-type: none"> <li>Tourniquet on second stump? <ul style="list-style-type: none"> <li>Not until Tactical Field Care Phase</li> <li>Not bleeding right now</li> </ul> </li> </ul> <p>Next actions?</p> <ul style="list-style-type: none"> <li>Drag casualty out of vehicle and move to best cover</li> <li>Return fire if needed</li> <li>Communicate info to team leader</li> </ul>	<p>Read text in action sequence</p> <p>Ask individuals in audience to answer questions</p>

## Instructor Guide for Care Under Fire

SLIDE	INSTRUCTIONAL POINTS	INSTRUCTOR NOTES
78 	Questions?	Scenario is continued in Tactical Field Care.